

PART B - FEE(S) TRANSMITTAL

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8791 7596 03/28/2008

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<i>In Chang M</i>	(Depositor's name)
<i>6/30/08</i>	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,579	09/26/2001	Linden Minnick	42390P12266	3536

TITLE OF INVENTION SECURITY ASSOCIATION MANAGEMENT THROUGH THE USE OF LOOKUP TABLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PYZOCHA, MICHAEL J	2137	713-201000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36(3))	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	1. Blakely, Sokoloff, Taylor & Zafman LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev. 01-02, or more recent) attached. Use of a Customer Number is required.	3. _____	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category of categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *cm - T. P. Fl* Date *6/27/08*

Typed or printed name **Edwin H. Taylor** Registration No. **25,129**

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